

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM ITO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT								
	INO.	DEF.	INO.	DEF.	INO.	DEF.		INO.	DEF.	INO.	DEF.	INO.	DEF.
1							61						
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48													
49													
50													
TOTAL INO.							TOTAL INO.						
TOTAL DEF.							TOTAL DEF.						
TOTAL							TOTAL						